

GONORRHEA

I. IDENTIFICATION

- A. **CLINICAL DESCRIPTION:** A sexually transmitted bacterial disease (STD) caused by *Neisseria gonorrhoeae*. In males it is usually characterized by a purulent urethral discharge and dysuria. In females, initially, there is a urethritis or cervicitis often so mild it may pass unnoticed. Dependent upon sexual practices, pharyngeal and anorectal infections can occur. In males, the urethral infection is usually self-limiting; however, it may progress to epididymitis, and in rare cases, it can disseminate into an arthritis-dermatitis syndrome, endocarditis, and meningitis. Twenty percent of women infected with gonorrhea may progress to uterine infection which may lead to endometritis or salpingitis (PID) and the subsequent risk of infertility.
- B. **REPORTING CRITERIA:** Laboratory confirmation.
- C. **LABORATORY CRITERIA FOR CONFIRMATION:**
- Isolation of typical Gram-negative, oxidase-positive diplococci (presumptive *N. gonorrhoeae*) from clinical specimen, **OR**
 - Demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid, **OR**
 - Observation of Gram-negative intracellular diplococci in a urethral smear from a man.
- D. **KENTUCKY CASE DEFINITION:** A laboratory confirmed infection.

II. ACTIONS REQUIRED / PREVENTION MEASURES

- A. **KENTUCKY DISEASE SURVEILLANCE REQUIRES ROUTINE REPORTING.**
REPORT TO THE LOCAL OR STATE HEALTH DEPARTMENT within 5 business days of the identification of a case or suspected case. Public health intervention is available on request of the reporting physician.
- B. **EPIDEMIOLOGY REPORTS REQUESTED:**
- Kentucky Reportable Disease Form – EPID 200 (Rev. Jan/03).
 - **Note:** Section labeled “Additional Information for Sexually Transmitted Diseases Only” must be completed.
- C. **PUBLIC HEALTH INTERVENTIONS:**
- Patients should be counseled on methods to reduce their risk for STDs, including HIV.
 - Patients treated for gonorrhea should also be tested and treated for chlamydia and have a syphilis serology done.

- Treated patients and sex partners should be advised to avoid sex at least three days following the completion of treatment and until symptoms cease. Only patients whose symptoms persist after treatment need a test of cure.
- Patients with proven or suspected gonorrhea should be treated with one of the cephalosporin or quinolone regimens recommended in the 2002 STD Treatment Guidelines.
- Gonococcal infection may occur in newborns exposed to their mothers infected cervical exudate. The ophthalmia neonatorum caused by gonorrhea can lead to blindness and the infant may develop a disseminated infection. Instillation of prophylactic agent into the eyes of newborns is recommended to prevent gonococcal ophthalmia and is mandated by law. Gonococcal ophthalmia can lead to blindness and, if untreated, can progress to disseminated gonococcal infection.
- Patients should be interviewed for all sexual partners in the 60 days prior to the onset of symptoms or positive test. Assistance in completing referral of contacts will be offered only when the patient requests or if the LHD deems it necessary.

III. CONTACTS FOR CONSULTATION

- A. KENTUCKY SEXUALLY TRANSMITTED DISEASE CONTROL PROGRAM:
502-564-4804.
- B. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, COMMUNICABLE DISEASE
BRANCH: 502-564-3261.
- C. KENTUCKY DEPARTMENT FOR PUBLIC HEALTH, DIVISION OF LABORATORY
SERVICES: 502-564-4446.

IV. RELATED REFERENCES

1. Chin, James, ed. GONOCOCCAL INFECTIONS. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 223-227.
2. 1998 Guidelines for the Treatment of Sexually Transmitted Diseases, MMWR Vol. 47 (RR-1).
3. Sexually Transmitted Diseases Clinical Practice Guidelines, 1991, CDC.